

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162934
Health Plan Name: AmeriHealth Caritas Louisiana
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 20131001
Report Period End Date: 20131031

Document ID: PI182
Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT
Reporting Frequency: Monthly
Report Due Date: 15th of the month following end of reporting period
File Type: Excel
Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	88	0
% Upheld	56%	0
% Overturned	44%	0
% Withdrawn	0	0

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date ¹	# Complaints Pending or Closed >90 Days Post File Date ¹	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date ²	# Appeals Pending or Closed >90 Days Post File Date ²
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial		
Oct-2013	Received this Month	838	784	1	0	0	2	6	45			92	92			
	Total Closed this Month	916	858	1	0	0	3	6	48	0	0	89	89		0	0
	Withdrawn by Provider															
	Per Internal Plan Action/Decision	916	858	1	0	0	3	6	48	0	0	88	88		0	0
	Per Independent Arbitration															
	Per DHH Review															
	Other (Review determined not a complaint)											1	1		0	0
	Total Pending (cumulative as of month end)	45	45	0	0	0	0	0	0	0	0	15	15		0	0
	Information needed from Provider															
	Internal Plan Review	45	45	0	0	0	0	0	0	0	0	15	15		0	0
	Independent Arbitration															
	DHH Review															
	Other (Review determined not a complaint)															
2013 Year to Date (YTD)	Total Complaints Received YTD	10756	10154	11	19	1	22	70	479			360	360			
	Total Closed YTD	10793	10187	11	20	1	24	70	480	23	0	345	345		2	0
	Withdrawn by Provider															
	Per Internal Plan Decision/Correction	10793	10187	11	20	1	24	70	480	23	0	337	337		1	0
	Per Independent Arbitration															
	Per DHH Decision															
	Other (Review determined not a complaint)											8	8		1	0

¹You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

²You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: AmeriHealth Caritas Louisiana
Reporting Period: October-2013

Status Category Codes	
Pending	Closed
P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P4-Referred to DHH P5-Other	C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C4-Per DHH Review C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
No data to report							

PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: AmeriHealth Caritas Louisiana
Reporting Period: October-2013

Status Category Codes	
Pending	Closed
P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P5-Other	C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
No data to report						